U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



3. Name and address of person filing.

Chaitovitz

1. File Number

Name | Ann

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

2004

4. Name, file number, and address of labor organization.

Through: 12

Name Amer Federation of Television & radio Artists

	Labor Organization File Number _13.0-000 0000 30	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 2721 Ontario, NW	Street 260 Madison Avenue, 7th Floor	
City Washington	City New York City	
State District of Columbia ZIP Code + 4 20009	State New York ZIP Code + 4 10016	
5. Position in labor organization. Nat'l Director of Sound Recor	dings	
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or a monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name XM Satellite Rodio, Inc.	#100 discount when prehased XM Roudio.	
Trade Name, if any:	XM Kordio.	
P.O. Box, Bldg., Room No., if any		
Street 1500 Ecking on Place NE	7.b. Amount.	
city Washington DE	\$ 100.3	
State		
Signature		

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Telephone Number

or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name The AFM SAFRA TARICTURAL PROPERTY P	14.a. Nature of payment. 2 +0 3 mosts
P.O. Box, Bldg., Room No., if any Street 1200 Ventura Place, Sut 50 City State City ZIP Code + 4 9 49	
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B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwise
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Trade Name, if any:	& smak at the European
P.O. Box, Bldg., Room No., if any	meeting for Performers in
Street 14-16 rue Bally	Calaury, Normandy, France,
city 75311 Paris celol 09	
State FRANCE ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

Name of Person Filing Ann Chaitovitz	File Number U -
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or ind dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
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Name of Person Filing Ann Chaitovitz		File Number U-
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Name of Person Filing Ann Chaitovitz	File Number U-	
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Name of Person Filing Ann Chaitovitz	File Number U-	
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13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing Ann Chaitovitz	File Nu	ımber U -
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13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	\$975

Name of Person Filing Ann Chaitovitz		File Number U -
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actional (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwise	;
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Name of Person Filing Ann Chaitovitz		File Number U -
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Name of Person Filing Ann Chaitovitz		File Number U -
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